

Pennsankin, NJ 08110

Distribution: Original Accompanies Shipment; 4 to Coordinator Field Files

Pennsankin, NJ 08110

Distribution: Original Accompanies Shipment; 4 to Coordinator Field Files

Pennsankin, NJ 08110

Distribution: Original Accompanies Shipment; ☒ No Coordinator Field Files

PROJ. NO.		PROJECT NAME		NO. OF CONTAINERS		REMARKS			
SAMPLERS: (Signature)		STATION LOCATION							
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION				
1-1475	6/17/82	11:00	X	X	BLK RSN - on-site		+2 +2	3-5746, N-1955 MC-9064	
1-1546	6/23/82	-		X	BLANK		+2 +2	3-5748, N-1953 MC-9185	
					total		4 4		
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Relinquished by: (Signature)		Date / Time	Received by: (Signature)
Susan Belmi		6-24-82 1700							
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Relinquished by: (Signature)		Date / Time	Received by: (Signature)
Relinquished by: (Signature)		Date / Time		Received for Laboratory by: (Signature)		Date / Time		Remarks	
								Shipped via fed exp air bill # 591337106	



U.S. ENVIRONMENTAL PROTECTION AGENCY HWI Sample Management Office

P.O. Box 818, Alexandria, VA 22304-8183 • 703 557 2490 • FTS 557-2490

# INORGANICS TRAFFIC REPORT

Sample Number

MC 9082

① Case Number: 1121  
Sample Site Name/Code:

Wheeling-Pittsburgh Steel  
WK-50

② SAMPLE CONCENTRATION

(Check One)

☒ Low Concentration  
☐ Medium Concentration

③ SAMPLE MATRIX

(Check One)

☒ Water  
☐ Soil/Sediment

④ Ship To:

California Analytical Lab, Inc.  
3895 Power Inn Road  
Sacramento CA, 95824  
Attn:

Transfer  
Ship To:

⑤ Sampling Office: TLL

Sampling Personnel:

(Name) Bruce Pluta

(Phone) 609-665-1515

Sampling Date:

(Begin) 6-17-82 (End) 6-17-82

⑥ Shipping Information:

Name Of Carrier:

Federal Express

Date Shipped: 6-17-82

Airbill Number: 591337471

⑦ Sample Description:

(Check One)

☒ Surface Water upstream Mahan Cr.  
☐ Ground Water  
☐ Leachate  
☐ Mixed Media  
☐ Solids  
☐ Other \_\_\_\_\_

(specify)

MATCHES ORGANIC SAMPLE NO. 1493

⑧ Mark Volume Level

On Sample Bottle

Check Analysis required

☒ Task 1 & 2  
☒ Task 3 Ammonia  
Sulfide  
Cyanide

☐ TOC  
☐ Fluoride & pH

REGIONAL OFFICE COPY

## **GENERAL DIRECTIONS**

1. Use only the materials provided to record sample information.
2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
3. Press firmly with ball point pen or pencil, and make sure all information is transferred to carbon pages.
4. Where Inorganic Traffic Reports (ITR) must be mailed, be sure that all sheets are sent to the correct addressee.
5. These instructions, as well as the address and phone number of the HWI Sample Management Office (SMO) are reproduced for your convenience on the back of each page of the ITR's.
6. Relate any problems and/or questions concerning SMO procedures or the use of ITR's to the HWI Sample Management Office at (703) 557-2490.

## **SAMPLER DIRECTIONS**

1. Note that a separate prenumbered Inorganics Traffic Report must be completed for each point sampled during a given site visit.
2. Fill in all information requested relating to an individual sampling point (Items 1-8). Complete Items 2 and 3, indicating sample concentration and matrix. Note: samples of different concentrations may be assigned to different Inorganics laboratories, so mark samples and Traffic Reports carefully. If the concentration of a sample is in doubt, contact the Sampling Coordinator.
3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
4. Fill in shipping information requested in Item 6. Immediately upon sample shipment, be sure to notify SMO of all relevant shipping information including shipping date/time, air carrier, airbill numbers, total number of samples taken and containers shipped, and ETA at the laboratory.
5. Send the first page of each ITR (white copy) to the HWI Sample Management Office. Retain the second page (pink copy) for your files.
6. Insert the remaining two copies (white and yellow) of the ITR in a waterproof Ziploc bag and ship along with the corresponding samples to the designated IFB laboratory.



U.S. ENVIRONMENTAL PROTECTION AGENCY HWI Sample Management Office

P.O. Box 818, Alexandria, VA 22304-8118 703 557-2490 • TTS 557-2490

# INORGANICS TRAFFIC REPORT

Sample Number

MC 9185

① Case Number: 3A3 195C  
Sample Site Name/Code:

Wheeling - P. H. Sturge  
Steel  
WV-50

② SAMPLE CONCENTRATION

(Check One)

☐ Low Concentration  
☒ Medium Concentration

③ SAMPLE MATRIX

(Check One)

☒ Water  
☐ Soil/Sediment

④ Ship To:

Rocky Mountain Analytical  
5530 Marshall St.  
Arvada CO 80007  
Attn: Mark Carter

Transfer  
Ship To:

⑤ Sampling Office: TIL

Sampling Personnel:

(Name) E. Gene Dennis

(Phone) 609-665-1515

Sampling Date:

(Begin) 6-23-82 (End) 6-23-82

⑥ Shipping Information:

Name Of Carrier:

Federal Express

Date Shipped: 6-24-82

Airbill Number: 591337095

⑦ Sample Description:

(Check One)

☐ Surface Water  
☐ Ground Water  
☐ Leachate  
☐ Mixed Media  
☐ Solids  
☒ Other BLANK

(specify)

MATCHES ORGANIC SAMPLE NO. 1596

⑧ Mark Volume Level

On Sample Bottle

Check Analysis required

☒ Task 1 & 2  
☒ Task 3 Ammonia  
Sulfide  
Cyanide

☐ TOC  
☐ Fluoride & pH

REGIONAL OFFICE FILE COPY

## **GENERAL DIRECTIONS**

1. Use only the materials provided to record sample information.
2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
3. Press firmly with ball point pen or pencil, and make sure all information is transferred to carbon pages.
4. Where Inorganic Traffic Reports (ITR) must be mailed, be sure that all sheets are sent to the correct addressee.
5. These instructions, as well as the address and phone number of the HWI Sample Management Office (SMO) are reproduced for your convenience on the back of each page of the ITR's.
6. Relate any problems and/or questions concerning SMO procedures or the use of ITR's to the HWI Sample Management Office at (703) 557-2490.

## **SAMPLER DIRECTIONS**

1. Note that a separate prenumbered Inorganics Traffic Report must be completed for each point sampled during a given site visit.
2. Fill in all information requested relating to an individual sampling point (Items 1-8). Complete Items 2 and 3, indicating sample concentration and matrix. Note: samples of different concentrations may be assigned to different Inorganics laboratories, so mark samples and Traffic Reports carefully. If the concentration of a sample is in doubt, contact the Sampling Coordinator.
3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
4. Fill in shipping information requested in Item 6. Immediately upon sample shipment, be sure to notify SMO of all relevant shipping information including shipping date/time, air carrier, airbill numbers, total number of samples taken and containers shipped, and ETA at the laboratory.
5. Send the first page of each ITR (white copy) to the HWI Sample Management Office. Retain the second page (pink copy) for your files.
6. Insert the remaining two copies (white and yellow) of the ITR in a waterproof Ziploc bag and ship along with the corresponding samples to the designated IFB laboratory.





# ORGANICS TRAFFIC REPORT

① Case Number:

1121

Sample Site Name/Code:

Wheeling-Pittsburgh Steel  
NV-50

② SAMPLE CONCENTRATION

(Check One)

☒ Low Concentration  
☐ Medium Concentration

③ SAMPLE MATRIX

(Check One)

☒ Water  
☐ Soil/Sediment

④ Ship To:

West Coast Technical Service  
17605 Fabrica Way, Suite D  
Cerritos, CA 90701

Attn:

\_\_\_\_\_

Transfer

Ship To:

⑤ Regional Office: III

Sampling Personnel:

Jan Beiski

(Name)

609-665-1515

(Phone)

Sampling Date:

6-17-82 6-17-82

(Begin)

(End)

⑥ For each sample collected specify number of containers used and mark volume level on each bottle.

	Number of Containers	Approximate Total Volume
Water (Extractable)	2	1 Gal.
Water (VOA)	2	80 ml.
Soil/Sediment		
Water (Ext/VOA)		
Other		

⑦ Shipping Information

Federal Express

Name of Carrier

6-17-82

Date Shipped:

591 337 482

Airbill Number:

⑧ Sample Description

☒ Surface Water ☐ Mixed Media  
☐ Ground Water ☐ Solids  
☐ Leachate ☐ Other (specify) \_\_\_\_\_

⑨ Sample Location

MAHAN Creek - Downstream  
MATCHES inc. # MC-9081

⑩ Special Handling Instructions:

(e.g., safety precautions, hazardous nature)

ORIGINAL  
(Red)

U.S. ENVIRONMENTAL PROTECTION AGENCY  
Hazardous Waste Investigation  
Sample Management Office  
P.O. Box 818  
Alexandria, Virginia 22313  
Phone: (703) 557-2490/FTS-8-557-2490

#### General Directions

1. Use only the materials provided to record sample information.
2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
3. Press firmly with ball point pen or pencil, and make sure all information is transferred to carbon pages.
4. Where Organic Traffic Reports (OTR) must be mailed, be sure that all sheets are sent to the correct addressee.
5. These instructions, as well as the address and phone number of the HWI Sample Management Office (SMO) are reproduced for your convenience on the back of each page of the OTR's.
6. Relate any problems and/or questions concerning SMO procedures or the use of OTR's to the HWI Sample Management Office at (703) 557-2490.

#### Sampler Directions

1. Note that a separate prenumbered Organics Traffic Report must be completed for each point sampled during a given site visit.
2. Fill in all information requested relating to an individual sampling point (Items 1-10). Complete Items 2 and 3, indicating sample concentration and matrix. Note: samples of different concentrations may be assigned to different Organics laboratories, so mark samples and Traffic Reports carefully. If the concentration of a sample is in doubt, contact the Regional DPO.
3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
4. For samples containing especially hazardous substances, indicate any special handling instructions in the space provided in Item 10, and attach a separate tag bearing the appropriate SMO Sample ID number in addition to the label provided.
5. Fill in shipping information requested in Item 7. Immediately upon sample shipment, be sure to notify SMO of all relevant shipping information including shipping date/time, air carrier, airbill numbers, total number of samples taken and containers shipped, and ETA at the laboratory.
6. Send the first page of each OTR (white copy) to the HWI Sample Management Office. Retain the second page (pink copy) for your files.
7. Insert the remaining two copies (white and yellow) of the OTR in a waterproof Ziploc bag and ship along with the corresponding samples to the designated IFB laboratory.

C 1085

**ORGANICS TRAFFIC REPORT****C 1493****① Case Number:**

1121

**Sample Site Name/Code:**Wheeling Pittsburgh-Steel  
WV-50**② SAMPLE CONCENTRATION**

(Check One)

☒ Low Concentration  
☐ Medium Concentration**③ SAMPLE MATRIX**

(Check One)

☒ Water  
☐ Soil/Sediment**④ Ship To:**West Coast Technical Services  
17005 Febrica Way, Suite D  
Cerritos, Ca. 90701

Attn:

Transfer

Ship To:

**⑤ Regional Office:** III

Sampling Personnel:

Bruce Plata

(Name)

609-665-1515

(Phone)

**Sampling Date:**

6-17-82 6-17-82

(Begin)

(End)

**⑥ For each sample collected specify number of containers used and mark volume level on each bottle.**

	Number of Containers	Approximate Total Volume
Water (Extractable)	2	1 Gal
Water (VOA)	2	80 ml
Soil/Sediment		
Water (Ext/VOA)		
Other		

**⑦ Shipping Information**

Federal Express

Name of Carrier

6-17-82

Date Shipped

591 337 482

Airbill Number:

Block removed per request for #1493  
Sample Blank**⑧ Sample Description**☒ Surface Water ☐ Mixed Media  
☐ Ground Water ☐ Solids  
☐ Leachate ☐ Other (specify) \_\_\_\_\_**⑨ Sample Location**Mahan Creek - Upstream  
matches in org. # MC 9082**⑩ Special Handling Instructions:**

(e.g., safety precautions, hazardous nature)

**ORIGINAL  
(Red)**

U.S. ENVIRONMENTAL PROTECTION AGENCY  
Hazardous Waste Investigation  
Sample Management Office  
P.O. Box 818  
Alexandria, Virginia 22313  
Phone: (703) 557-2490/FTS-8-557-2490

#### General Directions

1. Use only the materials provided to record sample information.
2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
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6. Relate any problems and/or questions concerning SMO procedures or the use of OTR's to the HWI Sample Management Office at (703) 557-2490.

#### Sampler Directions

1. Note that a separate prenumbered Organics Traffic Report must be completed for each point sampled during a given site visit.
2. Fill in all information requested relating to an individual sampling point (Items 1-10). Complete Items 2 and 3, indicating sample concentration and matrix. Note: samples of different concentrations may be assigned to different Organics laboratories, so mark samples and Traffic Reports carefully. If the concentration of a sample is in doubt, contact the Regional DPO.
3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
4. For samples containing especially hazardous substances, indicate any special handling instructions in the space provided in Item 10, and attach a separate tag bearing the appropriate SMO Sample ID number in addition to the label provided.
5. Fill in shipping information requested in Item 7. Immediately upon sample shipment, be sure to notify SMO of all relevant shipping information including shipping date/time, air carrier, airbill numbers, total number of samples taken and containers shipped, and ETA at the laboratory.
6. Send the first page of each OTR (white copy) to the HWI Sample Management Office. Retain the second page (pink copy) for your files.
7. Insert the remaining two copies (white and yellow) of the OTR in a waterproof Ziploc bag and ship along with the corresponding samples to the designated IFB laboratory.



U.S. ENVIRONMENTAL PROTECTION AGENCY HWI Sample Management Office  
100 Park Avenue, New York, N.Y. 10017-2400

# ORGANICS TRAFFIC REPORT

Sample Number

**C 1494**

① Case Number:

1121

Sample Site Name/Code:

Wheeling-Pittsburgh Steel  
WV-50

② SAMPLE CONCENTRATION

(Check One)

☒ Low Concentration  
☐ Medium Concentration

③ SAMPLE MATRIX

(Check One)

☒ Water  
☐ Soil/Sediment

④ Ship To:

West Coast Technical Service  
17005 Fabricado Way, Suite D  
Cerritos, Ca 90701

Attn:

Transfer

Ship To:

⑤ Regional Office: III

Sampling Personnel:

EUGENE DENNIS

(Name)

609-665-1515

(Phone)

Sampling Date:

6-17-82 6-17-82

(Begin)

(End)

⑥ For each sample collected specify number of containers used and mark volume level on each bottle.

	Number of Containers	Approximate Total Volume
Water (Extractable)	<u>2</u>	<u>1 Gal.</u>
Water (VOA)	<u>2</u>	<u>80 ml.</u>
Soil/Sediment		
Water (Ext/VOA)		
Other		

⑦ Shipping Information

Federal Express

Name of Carrier

6-17-82

Date Shipped:

591 337 482

Airbill Number:

⑧ Sample Description

☐ Surface Water ☐ Mixed Media  
☐ Ground Water ☐ Solids  
☐ Leachate ☒ Other (specify) BLANK

⑨ Sample Location

matches organic # W-4083

⑩ Special Handling Instructions:

(e.g., safety precautions, hazardous nature)

**ORIGINAL**  
(Red)

U.S. ENVIRONMENTAL PROTECTION AGENCY  
Hazardous Waste Investigation  
Sample Management Office  
P.O. Box 818  
Alexandria, Virginia 22313  
Phone: (703) 557-2490/FTS-8-557-2490

#### General Directions

1. Use only the materials provided to record sample information.
2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
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#### Sampler Directions

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C 1475

## ORGANICS TRAFFIC REPORT

## ① Case Number:

SAS 195 C

## Sample Site Name/Code:

Wheeling-Pittsburgh

Steel

WV-50

## ② SAMPLE CONCENTRATION

(Check One)

☐ Low Concentration  
☒ Medium Concentration

## ③ SAMPLE MATRIX

(Check One)

☐ Water  
☒ Soil/Sediment

## ④ Ship To:

ERCO

185 Alewife Brook Parkway  
Cambridge, Massachusetts  
MA 02138

Attn:

Transfer

Ship To:

## ⑤ Regional Office: III

Sampling Personnel:

Bruce POTA

(Name)

609-665-1515

(Phone)

## Sampling Date:

6-12-82 6-17-82

(Begin)

(End)

## ⑥ For each sample collected specify number of containers used and mark volume level on each bottle.

Number of  
ContainersApproximate  
Total VolumeWater  
(Extractable)Water  
(VOA)

Soil/Sediment

Water  
(Ext/VOA)

Other

## ⑦ Shipping Information

Federal Express

Name of Carrier

6-24-82

Date Shipped:

591337106

Airbill Number:

## ⑧ Sample Description

☐ Surface Water ☐ Mixed Media☐ Ground Water ☒ Solids☐ Leachate ☐ Other (specify) \_\_\_\_\_

## ⑨ Sample Location

BLACK Resin on-site  
Matches incinerator  
# MC 9064

## ⑩ Special Handling Instructions:

(e.g., safety precautions, hazardous nature)

ORIGINAL  
(Red)

U.S. ENVIRONMENTAL PROTECTION AGENCY  
Hazardous Waste Investigation  
Sample Management Office  
P.O. Box 818  
Alexandria, Virginia 22313  
Phone: (703) 557-2490/FTS-8-557-2490

#### General Directions

1. Use only the materials provided to record sample information.
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6. Relate any problems and/or questions concerning SMO procedures or the use of OTR's to the HWI Sample Management Office at (703) 557-2490.

#### Sampler Directions

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**FEDERAL EXPRESS**  
**SHIPPER'S CERTIFICATION FOR HAZARDOUS MATERIALS**  
(excluding radioactive materials)

Two completed and signed copies of this certification shall be handed to carrier. (Use block letters.)

**WARNING:** Failure to comply in all respects with the applicable regulations of the Department of Transportation, 49 CFR, Parts 100-199 and, for International shipments, the IATA Restricted Articles Regulations may be a breach of the applicable law, subject to legal penalties. This certification shall in no circumstance be signed by an IATA Cargo Agent or a consolidator for International shipments.

This shipment is within the limitations prescribed for: (mark one)

☐ passenger & cargo aircraft

☒ cargo-only aircraft

No. of Pkgs.	Article No. (Int'l only)	Proper Shipping Name of Materials as shown in 49 CFR, part 172.101 and additional description requirements specified in 49 CFR 172.203, and (for Int'l shipments) the IATA Restricted Articles Regulations.	Class Specified in 49 CFR 172.101	IATA Packing Note No. Applied (Int'l only)	Net Quantity per Package	Flash Point (closed cup) For Flammable Liquids	
						°C.	°F.
1		Flammable Solid N.O.S. UN-1335	Flammable Solid		32 oz.		

Special Handling Information:

**ORIGINAL**  
(Red)

I hereby certify that the contents of this consignment are fully and accurately described above by Proper Shipping Name and are classified, packed, marked, and labelled, and in proper condition for carriage by air according to applicable national government regulations.

Name and full address of Shipper

Ecology & Environment Inc.  
8021 Rte 130  
Pennsauken NJ 08110

Name and title of person signing Certification

Susan Belsh  
Field Technician

Date

6-24-82

Emergency telephone no.

409-665-1515

Signature of the Shipper (see WARNING above)

Susan Belsh

Federal Express Airbill No.

591337095

Origin Station

Destination Station

**FEDERAL EXPRESS**  
**SHIPPER'S CERTIFICATION FOR HAZARDOUS MATERIALS**  
(excluding radioactive materials)

Two completed and signed copies of this certification shall be handed to carrier. (Use block letters.)

WARNING: Failure to comply in all respects with the applicable regulations of the Department of Transportation, 49 CFR, Parts 100-199 and, for international shipments, the IATA Restricted Articles Regulations may be a breach of the applicable law, subject to legal penalties. This certification shall in no circumstance be signed by an IATA Cargo Agent or a consolidator for international shipments.

This shipment is within the limitations prescribed for: (mark one) ☐ passenger & cargo aircraft ☐ cargo-only aircraft

No. of Pkgs.	Article No. (Int'l only)	Proper Shipping Name of Materials as shown in 49 CFR, part 172.101 and additional description requirements specified in 49 CFR 172.203, and (for Int'l shipments) the IATA Restricted Articles Regulations.	Class Specified in 49 CFR 172.101	IATA Packing Note No. Applied (Int'l only)	Net Quantity per Package	Flash Point (closed cup) For Flammable Liquids	
						°C.	°F.
1		Flammable Solid N.O.S. UN 1325	Flammable Solid		32 03		

Special Handling Information:

**ORIGINAL**  
**(Red)**

I hereby certify that the contents of this consignment are fully and accurately described above by Proper Shipping Name and are classified, packed, marked, and labelled, and in proper condition for carriage by air according to applicable national government regulations.

Name and full address of Shipper		Name and title of person signing Certification	
Ecology & Environment Inc.		SUSAN BELSKI	
8021 Rte 130		Field Technician	
Pennsauken NJ 08110		Emergency telephone no.	
Date		609-665-1515	
6-24-82		Signature of the Shipper (see WARNING above)	
Federal Express Airbill No.		Signature	
591337106		Susan Belski	
Origin Station		Destination Station	



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT

REGION SITE NUMBER (to be assigned by Hq)

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME

WHEELING PITTSBURGH STEEL (WV94)

B. STREET (or other identifier)

EAST PITTSBURGH PLANT

C. CITY

POLLANDTOWN

D. STATE

WV

E. ZIP CODE

F. COUNTY NAME

BROOK

G. SITE OPERATOR INFORMATION

1. NAME

WHEELING PITTSBURGH STEEL CORPORATION

2. TELEPHONE NUMBER

304/234-0000

3. STREET

4. CITY

WHEELING

5. STATE

WVA

6. ZIP CODE

26003

H. REALTY OWNER INFORMATION (if different from operator of site)

1. NAME

WHEELING PITTSBURGH STEEL CORPORATION

2. TELEPHONE NUMBER

3. CITY

4. STATE

5. ZIP CODE

SITE DESCRIPTION

Active OPEN DUMP AND SLUDGE DRYING BEDS

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)

AUG 1 1980

B. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME

GARY BRYANT

2. TELEPHONE NUMBER

FTS 923-1050

3. DATE (mo., day, & yr.)

JULY 2, 1980

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME

GARY BRYANT

2. TITLE

ENVIRONMENTAL ENGINEER

3. ORGANIZATION

USEPA REGION III

4. TELEPHONE NO. (area code & no.)

FTS 923-1050

B. INSPECTION PARTICIPANTS

1. NAME

2. ORGANIZATION

3. TELEPHONE NO.

TOM WALIGURA

WHEELING PITTSBURGH STEEL

304/234-2825

KEN HILSBOS

WVA WATER RESOURCES DIV, DNR

304/737-2232

BRUCE POTOKA

USEPA REGION III, WHEELING

FTS 923-1050

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME

2. TITLE & TELEPHONE NO.

3. ADDRESS

TOM WALIGURA

ENVIRONMENTAL SUPERVISOR  
304/234-2825

WHEELING PITTSBURGH STEEL CORP  
WHEELING, WVA. 26003

## III. INSPECTION INFORMATION (continued)

## D. GENERATOR INFORMATION (source of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
WH6-P&H STEEL CORP	304/234-0000	WHEELING WVA 26002	BOF. SLUDGE DECANTER TAN
			BIO-PLANT SLUDGE @ C&C PLANT

## E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

## F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

G. DATE OF INSPECTION  
(mo., day, & yr.)

05 29 80

H. TIME OF INSPECTION

PM

I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

J. WEATHER (describe)

## IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

NONE THIS VISIT

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

## B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.).

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

ORIGINAL  
(Red)

Continued From Page 2

#### IV. SAMPLING INFORMATION (continued)

##### C. PHOTOS

1. TYPE OF PHOTOS **NONE**

2. PHOTOS IN CUSTODY OF:

☐ a. GROUND ☐ b. AERIAL

##### D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS: **USGS TOPO**

##### E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

**40° 20' 18" / 40° 19' 53"**

2. LONGITUDE (deg.-min.-sec.)

**80° 36' 01" / 80° 36' 00"**

#### V. SITE INFORMATION

##### A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

##### B. IS GENERATOR ON SITE?

☐ 1. NO ☒ 2. YES (specify generator's four-digit SIC Code):

##### AREA OF SITE (in acres)

**LANDFILL — 3 acres**  
**DRYING BEDS — 1/2 acre**

##### D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify): **SEE COPY OF TOPO MAP**

#### VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS./TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		<input checked="" type="checkbox"/> 9. OTHER (specify): <b>SLUDGE DRYING BEDS</b>	

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.

☐ 1. STORAGE ☐ 2. INCINERATION ☐ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL  
☐ 6. CHEM./BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

#### VII. WASTE RELATED INFORMATION

##### A. WASTE TYPE

☐ 1. LIQUID ☒ 2. SOLID ☒ 3. SLUDGE ☐ 4. GAS

##### B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE  
☒ 5. TOXIC **LANDFILL** ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

##### C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

**OPERATOR LOGS FROM WASTE GENERATOR SITES LIST DATE, VOLUMES**

## VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER(specify): 40,000 TON/YR BOF. SLUDGE FROM "SOUTH STEUBENVILLE PLANT" (BASIC OXYGEN FURNACE BOF.)			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (5) OTHER(specify): 1200 TON/YR DECANTER TANK TAR/PITCH/ SLUDGE FROM "EAST STEUBENVILLE PLANT".
			(6) CYANIDE	(6) OTHER(specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER(specify):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
DECANTER TANK TAR/PITCH/SLUDGE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				1200	TON/YR
NOTE: THIS IS A PROCESS WASTE LISTED ON PAGE 33117 OF THE MAY 19, 1980 FEDERAL REGISTER AS A TOXIC OR HAZARDOUS MATERIAL WHICH WILL BE COVERED BY REGULATIONS TO BE PROMULGATED IN JUNE 1980										

## VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☒ A. HUMAN HEALTH HAZARDS

PUDDLES AND RUNS OF DECANTER TANK WASTE  
REMAIN UNCOVERED IN PART OF THE LANDFILL.

## VIII. HAZARD DESCRIPTION (continued)

☒ B. NON-WORKER INJURY/EXPOSURE

DOMESTIC GARBAGE AT THE SITE IS EVIDENCE OF OCCASIONAL EXPOSURE TO NON-WORKER.

☐ C. WORKER INJURY/EXPOSURE☐ D. CONTAMINATION OF WATER SUPPLY☐ E. CONTAMINATION OF FOOD CHAIN☒ F. CONTAMINATION OF GROUND WATER

THE UNLINED DISPOSAL PIT IN WHAT APPEARS TO BE SAND & GRAVEL ALLUVIUM PROBABLY AFFECTS THE GROUNDWATER. IT IS MONITORED BY THE COMPANY AT WELL #15. RESULTS SENT TO STATE → AVG PHENOL CONCENTRATION 5 MICROGRAMS/LITER

☐ G. CONTAMINATION OF SURFACE WATER

NO EVIDENCE OF RUNOFF FROM THE SITE.

## VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

NONE NOTED

☐ I. FISH KILL☐ J. CONTAMINATION OF AIR☒ K. NOTICEABLE ODORS

SLUDGE DRYING BED SMELLS LIKE BIO-PLANT  
SLUDGE AT COKE PLANT.

☒ L. CONTAMINATION OF SOIL

THE AREA IS AN INDUSTRIAL SITE.  
THE SOIL AT THE SLUDGE DRYING BED CAN  
REPORTEDLY BE USED AS A SOIL  
CONDITIONER.

☐ M. PROPERTY DAMAGE

NONE REPORTED



## VIII. HAZARD DESCRIPTION (continued)

(Red)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

COAL TAR DECANter WASTES ARE PONDING  
AT LOW POINTS TO THE LANDFILL.

☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☒ R. INADEQUATE SECURITY

AREAS ARE POSTED AS PRIVATE PROPERTY  
OF WHEELING PITTSBURGH STEEL BUT  
PUBLIC ACCESS IS NOT SIGNIFICANTLY  
DETERRED.

☐ S. INCOMPATIBLE WASTES

## VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

NO EVIDENCE OF THIS. UNAUTHORIZED DUMPING BY PRIVATE PERSONS SEEMS TO OCCASIONALLY OCCURRED, FROM LOOKING OVER THE MATERIALS AT THE LANDFILL.

☐ U. OTHER (specify):

## IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	NONE REPORTED			
2. IN COMMERCIAL OR INDUSTRIAL AREAS	10 - THOSE DISPOSING OF WASTES			
3. IN PUBLICLY TRAVELLED AREAS	NONE REPORTED			
4. PUBLIC USE AREAS (parks, schools, etc.)	NONE REPORTED			

## FROM STATE REPORT → X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) RIVER LEVEL	B. DIRECTION OF FLOW ≈ WEST	C. GROUNDWATER USE IN VICINITY YES
D. POTENTIAL YIELD OF AQUIFER ?	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) ≈ 1 MILE	F. DIRECTION TO DRINKING WATER SUPPLY SOUTH

## G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS\*☒ 2. COMMUNITY (specify town): FOLLANSBEE W. VA.☐ 3. SURFACE WATER☒ 4. WELL

ORIGINAL

Continued From Page 8

## X. WATER AND HYDROLOGICAL DATA (continued)

## H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
NONE REPORTED WITHIN 1/4 MILE				

## I. RECEIVING WATER

1. NAME

OHIO RIVER

☐ 2. SEWERS☒ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

## 6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

MULTIPLE USE

## XI. SOIL AND VEGETATION DATA

## LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☒ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

REPORTED BY STATE - DOUBTFULLY TRUE

## XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. CVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
X	1. SAND				
	2. CLAY				
X	3. GRAVEL				

## XIII. SOIL PERMEABILITY

☒ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)

## G. RECHARGE AREA

☐ 1. YES☒ 2. NO

3. COMMENTS:

## H. DISCHARGE AREA

☐ 1. YES☐ 2. NO

3. COMMENTS: UNKNOWN

## I. SLOPE

1. ESTIMATE % OF SLOPE

0 to 100%

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

GENERALLY TOWARD RIVER

## J. OTHER GEOLOGICAL DATA

SOME AREAS WERE FILLS OF SLAG, OTHERS WERE STORAGE YARDS FOR COAL, IRON ORE, SCRAP IRON, ORES NOW OR IN YEARS PAST.

FROM STATE REPORT

## XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
NPDES	USEPA	WV0004499	07/11/74	07/11/79	GENERALLY		
No PERMIT	FOR LANDFILL OR DRYING BEDS						

## XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☒ NONE    ☐ YES (summarize in this space)

WITH RESPECT TO THE LANDFILL AND  
SLUDGE DRYING BEDS.

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

III

SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME

Wheeling/Pittsburgh Steel

B. STREET (or other identifier)

Follans Bee Coke Plant

C. CITY

Follans Bee

D. STATE

WV

E. ZIP CODE

F. COUNTY NAME

Brooke

G. OWNER/OPERATOR (if known)

1. NAME Joe Francis?

Inv. Control

2. TELEPHONE NUMBER

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION

FIAT - River Bottom

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

State, WV

K. DATE IDENTIFIED  
(mo., day, & yr.)

L. PRINCIPAL STATE CONTACT

1. NAME

Koe J. Lacro

2. TELEPHONE NUMBER

342-8555

## II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☒ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)☐ 2. IMMEDIATE SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:☒ 3. SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

EPA / STATE

☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME

THOMAS R. SHOWNAN

2. TELEPHONE NUMBER

215 597 9387

3. DATE (mo., day, &amp; yr.)

3-6-72

## III. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☐ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO☒ 2. YES (specify generator's four-digit SIC Code): 1111

C. AREA OF SITE (in acres)

15

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

40° 20' 20"

2. LONGITUDE (deg.-min.-sec.)

80° 36'

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO☒ 2. YES (specify):

outside perimeter of plant (not secured)

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL				
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM				
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP				
<input checked="" type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT				
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING				
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION				
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION				
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (specify):				
		<input type="checkbox"/> 9. OTHER (specify):	Possible midnight Dumping - no security				

ORIGINAL  
(Red)

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Trucks Dump Liquid and Sludge from Adj. plant

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN    ☒ 2. LIQUID    ☒ 3. SOLID    ☐ 4. SLUDGE    ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4. RADIOACTIVE    ☐ 5. HIGHLY VOLATILE  
☒ 6. TOXIC    ☐ 7. REACTIVE    ☐ 8. INERT    ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes DNR and WISCONSIN / HITE.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT ?	AMOUNT	AMOUNT	AMOUNT ?	AMOUNT ?	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	<input checked="" type="checkbox"/> (4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
Tail Sludge from Bo-2			(6) CYANIDE	(6) OTHER (specify):	
			<input checked="" type="checkbox"/> (7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

## IV. SAMPLING INFORMATION (continued)

## C. PHOTOS

## 1. TYPE OF PHOTOS

☐ a. GROUND ☐ b. AERIAL

## 2. PHOTOS IN CUSTODY OF:

Permission Refused by Co.

## D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS:

DNR

## E. COORDINATES

## 1. LATITUDE (deg.-min.-sec.)

40° 20' 20"

## 2. LONGITUDE (deg.-min.-sec.)

80° 36' ?

## V. SITE INFORMATION

## A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☐ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

## B. IS GENERATOR ON SITE?

☐ 1. NO☒ 2. YES (specify generator's four-digit SIC Code):

## C. AREA OF SITE (in acres)

≈ 15

## D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO☒ 2. YES (specify): PLANT BLDGS

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORAGE	<input checked="" type="checkbox"/> C. TREATMENT	<input checked="" type="checkbox"/> D. DISPOSAL
1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK ?	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS./TREATMENT	<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (specify):
		9. OTHER (specify):	NO SECURITY

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.

☐ 1. STORAGE ☐ 2. INCINERATION ☒ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL

☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

## VII. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. LIQUID ☐ 2. SOLID ☒ 3. SLUDGE ☐ 4. GAS

## B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE

☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

YES DNR and Wheeling/Pitts Steel

INVENTORIES

## VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT ?	AMOUNT	AMOUNT	AMOUNT ?	AMOUNT ?	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
(1) PAINT, PIGMENTS	(1) OILY WASTES	(1) HALOGENATED SOLVENTS	(1) ACIDS	(1) FLYASH	(1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
X (5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER(specify):
TAR			(6) CYANIDE	(6) OTHER(specify):	
SLUDGE			X (7) PHENOLS		
from BOF			(8) HALOGENS		
BASIC			(9) PCB		
O <sub>2</sub>			(10) METALS		
FURNACE			(11) OTHER(specify):		

ORIGINAL  
(P001)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM		3. TOXICITY						4. CAS NUMBER	5. AMOUNT	6. UNIT
	MARK 'X'	MARK 'X'	MARK 'X'								
	1.	2.	1.	2.	3.	4.	5.	6.	7.	8.	9.
	1.	2.	1.	2.	3.	4.	5.	6.	7.	8.	9.
Phenols			X			X					?

## VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

X A. HUMAN HEALTH HAZARDS

Possible Water Contamination



W-2245156-7-8-9



## I. SITE IDENTIFICATION

5. ZIP CODE

☒ 5. PRIVATE

Abstract: **NOVEL**

3/6/80

4. TELEPHONE NO. (area code &amp; no.)

304/348/8855

3. TELEPHONE NO.

# WV WATER RESOURCES INSPECTION

### 3. ADDRESS

Joe Francis

## III. INSPECTION INFORMATION (continued)

## D. GENERATOR INFORMATION (source of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Wheel-Pit Steel		Follansbee Coke Plant	Liquid Sludge

## E. TRANSPORTER/HULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Same			

## F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
		ORIGINAL
		(Rec)

G. DATE OF INSPECTION  
(mo., day, & yr.)

11/20/79

H. TIME OF INSPECTION

10:00

I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

J. WEATHER (describe)

## IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

## B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Phenols, Metal Smelting wastes

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Ponding, Lack of Security

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	X			
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS	X			
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY	X			
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING	X			
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify): Application I-848-L  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER    I-920-L  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☒ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

ORIGINAL  
(Red)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Inspection			Routine DNR Inspection
Inspection	11-20-79	State	Special Insp.

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



# POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

SITE NUMBER (to be assigned by HQ)

III

**NOTE:** This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

**GENERAL INSTRUCTIONS:** Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME <u>Wheeling/Pittsburgh Steel</u>		B. STREET (or other identifier) <u>Follansbee Coke Plant</u>	
C. CITY <u>Follansbee</u>	D. STATE <u>WV</u>	E. ZIP CODE	F. COUNTY NAME <u>Brooke</u>
G. OWNER/OPERATOR (if known) 1. NAME <u>Joe Francis? Wheeling/Pitts. Steel - W.R. Samples</u> <u>Env. Control</u>		2. TELEPHONE NUMBER <u>midwater</u>	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

## SITE DESCRIPTION

FLAT - River Bottom

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <u>State, WV</u>		K. DATE IDENTIFIED (mo., day, & yr.)
L. PRINCIPAL STATE CONTACT 1. NAME <u>Rob Jelacic</u>		2. TELEPHONE NUMBER <u>348-8855</u>

## II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input checked="" type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: <u>June 80</u> b. WILL BE PERFORMED BY: <u>EPA / STATE</u> <input type="checkbox"/> 3. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME <u>Tommy R. Snowman</u>	2. TELEPHONE NUMBER <u>215 597 9387</u>	3. DATE (mo., day, & yr.) <u>3-6-80</u>
--	--	--

## III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently). <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes). <input type="checkbox"/> 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): <u>unknown</u>	
C. AREA OF SITE (in acres) <u>15</u>	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) <u>40° 20' 20"</u> 2. LONGITUDE (deg.-min.-sec.) <u>80° 36'</u>
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <u>outside Perimeter of Plant (not secured)</u>	

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING
<input type="checkbox"/> 5. OTHER (specify):	<input type="checkbox"/> 5. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	Possible Midnight Dumping - No Security

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Trucks Dump Liquid and Sludge from Adj. plant

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

No DNR and other records / PITS

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT ?	AMOUNT	AMOUNT	AMOUNT ?	AMOUNT ?	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
<input type="checkbox"/> (3) POTW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input checked="" type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER (specify): Tail Sludge from BOP			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
			<input type="checkbox"/> (6) CYANIDE	<input type="checkbox"/> (6) OTHER (specify):	
			<input checked="" type="checkbox"/> (7) PHENOLS		
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (specify):		

ORIGINAL  
(Red)

Continued From Page 8

## X. WATER AND HYDROLOGICAL DATA (continued)

## H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
		UNKNOWN		

## I. RECEIVING WATER

## 1. NAME

OHIO Rv.

☐ 2. SEWERS☒ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

## 6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

## XI. SOIL AND VEGETATION DATA

## LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☒ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

## XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

A. OVERBURDEN	B. BEDROCK (specify below)	C. OTHER (specify below)
<input checked="" type="checkbox"/> 1. SAND	Alluvium	
<input type="checkbox"/> 2. CLAY		
<input type="checkbox"/> 3. GRAVEL		

## XIII. SOIL PERMEABILITY

☒ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)

## G. RECHARGE AREA

☐ 1. YES☒ 2. NO

3. COMMENTS:

## H. DISCHARGE AREA

☐ 1. YES☐ 2. NO

3. COMMENTS: UNKNOWN

## I. SLOPE

1. ESTIMATE % OF SLOPE

UNKNOWN

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

UNKNOWN

## J. OTHER GEOLOGICAL DATA

## XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
expired state	DNR/WED	UNKNOWN				X	
		3 APPLICATIONS					
		I-849-L					
		I-920L					

## XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE
 ☒ YES (summarize in this space)

MINOR

ORIGINAL  
(Red)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.



## VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☒ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

Ponding

☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☒ R. INADEQUATE SECURITY

yes

☐ S. INCOMPATIBLE WASTES

# VIII. HAZARD DESCRIPTION (continued)

☒ T. MIDNIGHT DUMPING

NO SECURITY

☐ U. OTHER (specify):

ORIGINAL  
(Red)

## IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	UNKNOWN			
2. IN COMMERCIAL OR INDUSTRIAL AREAS	1			
3. IN PUBLICLY TRAVELLED AREAS	1			
4. PUBLIC USE AREAS (parks, schools, etc.)	1			

## X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) River Level	B. DIRECTION OF FLOW X West	C. GROUNDWATER USE IN VICINITY Yes
D. POTENTIAL YIELD OF AQUIFER ?	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) ~ 1 MILE	F. DIRECTION TO DRINKING WATER SUPPLY South
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS*	<input checked="" type="checkbox"/> 2. COMMUNITY (specify town): FOLLANSBEE	
<input type="checkbox"/> 3. SURFACE WATER	<input checked="" type="checkbox"/> 4. WELL	

## VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSUREORIGINAL  
(Rec)☐ C. WORKER INJURY/EXPOSURE☒ D. CONTAMINATION OF WATER SUPPLY

Possible

☐ E. CONTAMINATION OF FOOD CHAIN☒ F. CONTAMINATION OF GROUND WATER

leachate

☒ G. CONTAMINATION OF SURFACE WATER

Leachate

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

ORIGINAL  
(200)

☐ K. NOTICEABLE ODORS

☒ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Phenols, Metal Smelting Wastes

ORIGINAL  
(P-1)

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Pending, Lack of Security

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	X			
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS	X			
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY	X			
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING	X			
22. OTHER (specify):				

Continued From Front

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☒ 3. STATE PERMIT (specify): Application I-848-L  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER    I-920-L  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☒ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Inspection			Routine DMR Inspection
Inspection	11-20-79	Smith	Special Insp.

## X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT

ORIGINAL  
(Red)

REGION

SITE NUMBER (to be assigned by HQ)

**GENERAL INSTRUCTIONS:** Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <u>Wheeling-Pittsburgh Steel</u>		B. STREET (or other identifier) <u>Follansbee Coke Plant</u> (ON SITE)	
C. CITY <u>Follansbee Coke Plant</u>	D. STATE <u>WV</u>	E. ZIP CODE	F. COUNTY NAME <u>Brooke</u>
G. SITE OPERATOR INFORMATION		2. TELEPHONE NUMBER	
1. NAME <u>Wheeling-Pittsburgh Steel</u>		<u>(304) 736-2930</u>	
3. STREET	4. CITY	5. STATE	6. ZIP CODE
H. REALTY OWNER INFORMATION (if different from operator of site)		2. TELEPHONE NUMBER	
1. NAME <u>Joe Francis - Wm. Samples plant MANAGER</u>		<u>(304) 736-2930</u>	
3. CITY	4. STATE	5. ZIP CODE	

I. SITE DESCRIPTION

FLAT - RIVER BOTTOM

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.) <u>UNKNOWN 6/1/86</u>	B. APPARENT SERIOUSNESS OF PROBLEM		
	<input checked="" type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE		
C. PREPARER INFORMATION			
1. NAME <u>R. Jelacic</u>	2. TELEPHONE NUMBER <u>304/348-8855</u>	3. DATE (mo., day, & yr.) <u>3/6/86</u>	

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION		4. TELEPHONE NO. (area code & no.)
1. NAME <u>R. Jelacic</u>	2. TITLE <u>Geologist</u>	<u>304/348/8855</u>
3. ORGANIZATION <u>WV WATER RESOURCES</u>		

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
<u>Ken Hilsbos</u>	<u>WV WATER RESOURCES INSPECTION</u>	

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
<u>Joe Francis</u>		

### III. INSPECTION INFORMATION (continued)

#### D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Wheel-Pit Steel		Follansbee Coke Plant	Liquid Sludge

#### E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Same			

#### F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

G. DATE OF INSPECTION  
(mo., day, & yr.)

11/20/79

H. TIME OF INSPECTION

10:00

I. ACCESS GAINED BY: (credentials must be shown in all cases)



1. PERMISSION



2. WARRANT

J. WEATHER (describe)

### IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

#### B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS



ORIGINAL  
(Red)

## IV. SAMPLING INFORMATION (continued)

## C. PHOTOS

## 1. TYPE OF PHOTOS

☐ a. GROUND ☐ b. AERIAL

## 2. PHOTOS IN CUSTODY OF:

Permission Refused by Co.

## D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS:

DNR

## E. COORDINATES

## 1. LATITUDE (deg.-min.-sec.)

40° 20' 20"

## 2. LONGITUDE (deg.-min.-sec.)

80° 36' ?

## V. SITE INFORMATION

## A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☐ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

## B. IS GENERATOR ON SITE?

☐ 1. NO☒ 2. YES (specify generator's four-digit SIC Code):

## C. AREA OF SITE (in acres)

~ 15

## D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO☒ 2. YES (specify): Plant buildings

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK ?	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS./TREATMENT	<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (specify):
		9. OTHER (specify):	NO ACTIVITY

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

☐ 1. STORAGE ☐ 2. INCINERATION ☒ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL

☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

## VII. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. LIQUID ☐ 2. SOLID ☒ 3. SLUDGE ☐ 4. GAS

## B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE

☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

YES DNR and Wheeling/Pitts. State

INVENTORIES

## VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT ?		AMOUNT		AMOUNT		AMOUNT ?		AMOUNT ?		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS		<input checked="" type="checkbox"/> (1) OILY WASTES		<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS		<input checked="" type="checkbox"/> (1) ACIDS		<input checked="" type="checkbox"/> (1) FLYASH		<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER(specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW				(3) OTHER(specify):		(3) CAUSTICS		(3) MILLING/MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES	<input checked="" type="checkbox"/>	(4) FERROUS SMELTING WASTES		(4) MUNICIPAL	
<input checked="" type="checkbox"/> (5) OTHER(specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER(specify):	
TAR						(6) CYANIDE		(6) OTHER(specify):			
SLUDGE						<input checked="" type="checkbox"/> (7) PHENOLS					
from BOF						(8) HALOGENS					
BASIC						(9) PCB					
C <sub>2</sub>						(10) METALS					
FLUORIDE						(11) OTHER(specify):					

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VA-POR	a. HIGH	b. MED.	c. LOW	d. NONE			
Phenols		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				?	

## VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☒ A. HUMAN HEALTH HAZARDS

Possible Water Contamination

## VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSUREORIGINAL  
(Red)☐ C. WORKER INJURY/EXPOSURE☒ D. CONTAMINATION OF WATER SUPPLY

Possible

☐ E. CONTAMINATION OF FOOD CHAIN☒ F. CONTAMINATION OF GROUND WATER

leachate

☒ G. CONTAMINATION OF SURFACE WATER

Leachate

## VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

ORIGINAL  
(Red)

☐ I. FISH KILL☐ J. CONTAMINATION OF AIR☐ K. NOTICEABLE ODORS☒ L. CONTAMINATION OF SOIL☐ M. PROPERTY DAMAGE

## VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

0.5 m<sup>3</sup>  
0.5 m<sup>3</sup>

☒ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

Ponding

☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☒ R. INADEQUATE SECURITY

yes

☐ S. INCOMPATIBLE WASTES

## VIII. HAZARD DESCRIPTION (continued)

☒ T. MIDNIGHT DUMPING

NO SECURITY

ORIGINAL  
(Red)☐ U. OTHER (specify):

## IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	UNKNOWN			
2. IN COMMERCIAL OR INDUSTRIAL AREAS	1			
3. IN PUBLICLY TRAVELLED AREAS	1			
4. PUBLIC USE AREAS (parks, schools, etc.)	1			

## X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) River Level	B. DIRECTION OF FLOW X West	C. GROUNDWATER USE IN VICINITY yes
D. POTENTIAL YIELD OF AQUIFER ?	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) ~ 1 mile	F. DIRECTION TO DRINKING WATER SUPPLY South
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS*	<input checked="" type="checkbox"/> 2. COMMUNITY (specify town): FOLLANSBEE	
<input type="checkbox"/> 3. SURFACE WATER	<input checked="" type="checkbox"/> 4. WELL	

ORIGINAL  
(R-4)

Continued From Page 8

**X. WATER AND HYDROLOGICAL DATA (continued)**

**H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE**

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
		UNKNOWN		

**I. RECEIVING WATER**

1. NAME

OHIO Rv.

☐ 2. SEWERS

☒ 3. STREAMS/RIVERS

☐ 4. LAKES/RESERVOIRS

☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

**XI. SOIL AND VEGETATION DATA**

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE

☐ B. KARST ZONE

☒ C. 100 YEAR FLOOD PLAIN

☐ D. WETLAND

☐ E. A REGULATED FLOODWAY

☐ F. CRITICAL HABITAT

☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

**XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED**

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. COVERED BURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
X	1. SAND		Alluvium		
	2. CLAY				
	3. GRAVEL				

**XIII. SOIL PERMEABILITY**

☒ A. UNKNOWN

☐ B. VERY HIGH (100,000 to 1000 cm/sec.)

☐ C. HIGH (1000 to 10 cm/sec.)

☐ D. MODERATE (10 to .1 cm/sec.)

☐ E. LOW (.1 to .001 cm/sec.)

☐ F. VERY LOW (.001 to .00001 cm/sec.)

**G. RECHARGE AREA**

☐ 1. YES

☒ 2. NO

3. COMMENTS:

**H. DISCHARGE AREA**

☐ 1. YES

☐ 2. NO

3. COMMENTS:

UNKNOWN

**I. SLOPE**

1. ESTIMATE % OF SLOPE

UNKNOWN

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

UNKNOWN

**J. OTHER GEOLOGICAL DATA**

## XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
expired state	DNR/WRD	UNKNOWN				X	
		2 APPLICATIONS					
		I-845-L					
		I-720-L					

## XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE☒ YES (summarize in this space)

MINOR

ORIGINAL  
(Red)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.